

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Council, District 10

Designated Agency Contact (Name, Title)

Shane Patrick Connolly, Chief of Staff

Area Code/Phone Number

408.535.4910

E-mail

district10@sanjoseca.gov

San Jose City Clerk
Date Stamp
RW OTC
2017 MAR 14 AM 10:36

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ (16) \$222 & (8) \$86

Event Description: San Jose Sharks vs Dallas Stars

Provide Title/Explanation

Date(s) 03 / 12 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

If yes: Khamis, Johnny

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|---|
| City of San Jose Department of Transportation (DOT) | 24 | These tickets were given to DOT staff members as a "Thank You" for all their work |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Johnny Khamis

Print Name

Councilmember

Title

03/06/2017

(month, day, year)

Comment: _____